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Substitute for form 1449/PTO		Con	nplete if Known		
			Application Number	09/761,670	
INI	EODMATION (	NISCI OSLIDE	Filing Date	1/18/2001	
INFORMATION DISCLOSURE			First Named Inventor	Jeff S. Eder	
SI	TATEMENT BY	—	Art Unit	3695	
	(Use as many sheets	as necessary)	Examiner Name	Siegfried Chencinsk	
Sheet	of	-	Attorney Docket Number	AR - 16	

				DOCUMENTS	
Examiner Initials*	Cite No. <sup>1</sup>	Document Number  Number-Kind Code <sup>2 (f known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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